



San Bernardino County In-Home Supportive Services Public Authority

600 North Arrowhead Avenue Ste.100

San Bernardino, CA 92415-0034

Toll Free Phone (866) 985-6322 • Fax (909) 386-3072

**Provider Registry Application
PLEASE PRINT**

NAME: _____ DATE: _____

STREET ADDRESS: _____

CITY: _____, CA ZIP CODE: _____

MAILING ADDRESS: _____

CITY: _____, CA ZIP CODE: _____

PHONE #: (_____) _____ MESSAGE PHONE: (_____) _____

EMAIL: _____

Are you a United States Citizen? ☐ YES ☐ NO

If NOT, are you a Legal Alien authorized to work in the United States? ☐ YES ☐ NO

Have you ever been convicted of a misdemeanor? ☐ YES ☐ NO

If YES, list date(s) and conviction(s): _____

Have you ever been convicted of a felony? ☐ YES ☐ NO

If YES, list date(s) and conviction(s): _____

Applicants will be required to undergo a Criminal Background Check.

THE LANGUAGES YOU SPEAK, READ AND/OR WRITE:

Check all that apply

<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Other
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EMPLOYMENT EXPERIENCE:

1. Start - End (Mo/Yr)	Client/Employer:	City & State:	Phone:
Job Title:		Duties:	
Reason for Leaving:			May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT EXPERIENCE:

2. Start - End (Mo/Yr)	Client/Employer:	City & State:	Phone:
Job Title:		Duties:	
Reason for Leaving:			May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO

LIST TWO PROFESSIONAL REFERENCES:

PROFESSIONAL EXAMPLE: SOCIAL WORKER, TEACHER, PASTOR, COWORKER.			
1. Name:	Title:	Address:	Phone:
2. Name:	Title:	Address:	Phone:

LIST TWO PERSONAL REFERENCES:

PERSONAL EXAMPLE: FRIEND, NEIGHBOR, RELATIVE.			
1. Name:	Relationship:	Address:	Phone:
2. Name:	Relationship:	Address:	Phone:

EDUCATION:

Highest grade completed: _____ Degree/Diploma Received: _____

TRAINING & CERTIFICATES:

Course/Training	School/Agency	Degree/Certification	Expiration/Date

CERTIFICATION

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any false statements or misrepresentations may result in my disqualification for Registry Services. I understand that the references that I have provided will be checked.

SIGNATURE: _____ DATE: _____

**IF SOMEONE ASSISTED YOU IN COMPLETED THIS APPLICATION,
PLEASE COMPLETE THE FOLLOWING:**

NAME:	SIGNATURE:	DATE:
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